

MASSEUSE / MASSEUR PERMIT APPLICATION

Date_____

License expires: June 30, 200_____

Full name_____

Home
address_____

Telephone number _____

Date of birth_____

Name and address of facility where you will work as a masseuse/masseur_____

Prior addresses within past year, if any_____

Business, occupation or employment history for past two years_____

Within the past five years have you been convicted of any crime? If yes, give details_____

Have you ever been licensed under a massage therapist license or similar license in this city or another city or state? If so, give details as to when and where such license was issued_____

Has any such license ever been suspended or revoked? If yes, give details_____

Applicant's signature

LICENSE FEE \$30.00 (\$25.00 - 01.43410, \$5.00 - 01.44210)

RECEIPT #_____

Certificate of Insurance filed_____
(\$100,000 liability; and \$100,000 injury/destruction of property)

Proof of Education/Training compliance_____

or

Current membership in AMTA; AOBTA; or ABMP _____

Copy to Police Dept. - date: _____